

FEE: \_\_\_\_\_

Date: \_\_\_\_\_

**NORTHAMPTON TOWNSHIP**

55 TOWNSHIP ROAD  
RICHBORO, PA 18954

**APPLICATION FOR APPROVAL OF USE & OCCUPANCY  
(OTHER THAN RESIDENTIAL)**

**NOTICE:** IT IS UNLAWFUL TO OCCUPY THIS UNIT PRIOR TO ISSUANCE OF OCCUPANCY PERMIT.  
APPLICATION MUST BE ACCOMPANIED BY FLOOR PLAN.

Address of building \_\_\_\_\_ Unit No. \_\_\_\_\_

Name under which applicant will operate \_\_\_\_\_

Number of employees \_\_\_\_\_ Square footage of unit occupied \_\_\_\_\_

Proposed use of unit (describe in detail including operations, products manufactured) \_\_\_\_\_

\_\_\_\_\_

Is this temporary or permanent occupancy? \_\_\_\_\_ Is applicant owner or tenant? \_\_\_\_\_

If tenant, who is the owner? \_\_\_\_\_

Has this unit been previously occupied? \_\_\_\_\_ If yes, by whom? \_\_\_\_\_

Will alterations, partitions, additions, electrical wiring, heat or air-conditioning, appliances or other changes requiring permits be performed? \_\_\_\_\_ If "YES" explain fully \_\_\_\_\_

\_\_\_\_\_

Do you plan to erect a sign? \_\_\_\_\_ Do you contemplate exterior storage? \_\_\_\_\_

Will proposed use/operations involve the storage, use or processing of any of the following:

- |                                |  |
|--------------------------------|--|
| _____ Explosives               | _____ Flammable or Combustible Liquids |
| _____ Compressed Gases         | _____ Corrosives                       |
| _____ Oxidizers                | _____ Organic Peroxides                |
| _____ Pyrophoric Materials     | _____ Flammable Solids                 |
| _____ Water Reactive Materials | _____ Unstable or Reactive Materials   |
| _____ Cryogenic Liquids        | _____ Aerosol Products                 |
| _____ Pesticides               | _____ Toxic Materials for Poisons      |

If any "YES" answers to above, attach a hazardous materials management plan. Describe any "YES" answers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I, the applicant or authorized agent, understand that the issuance of a permit does not relieve me of the responsibility of compliance with all other ordinances, codes and regulations. Issuance of this permit does not indicate compliance with all other codes or regulations. I also understand that any changes or additional use after a permit is issued requires re-application. **NO SUB-LETTING IS PERMITTED WITHOUT FIRST OBTAINING APPROVAL FROM THIS DEPARTMENT.**

\_\_\_\_\_  
(Name of Applicant - Please Print)

\_\_\_\_\_  
(Name of Owner if Not Applicant - Please Print)

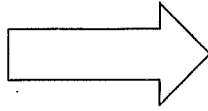
\_\_\_\_\_  
(Address of Applicant)

\_\_\_\_\_  
(Address of Owner)

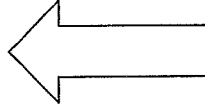
\_\_\_\_\_  
(Daytime Phone Number)

\_\_\_\_\_  
(Daytime Phone Number)

\_\_\_\_\_  
(Signature of Applicant) (Date)



**TOWNSHIP USE ONLY**



**Zoning District:** \_\_\_\_\_

**Tax Map Parcel Number: 31-** \_\_\_\_\_

**TCC Use Class** \_\_\_\_\_ **Previous Use Class** \_\_\_\_\_

**TCC Construction Class** \_\_\_\_\_

**Plan Reviewer Review Date** \_\_\_\_\_ **Approval Date** \_\_\_\_\_

**Fire Marshal Review Date** \_\_\_\_\_ **Approval Date** \_\_\_\_\_

**Code Enforcement Director**  
**Review Date** \_\_\_\_\_ **Approval Date** \_\_\_\_\_

**Remarks:**

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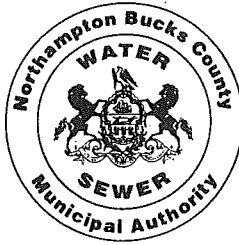
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**NORTHAMPTON, BUCKS COUNTY, MUNICIPAL AUTHORITY**

**CERTIFICATION REQUEST  
WATER & WASTEWATER CAPACITY REVIEW AND CERTIFICATION  
ALL CHANGES AND / OR EXPANSION OF USE**

All owners, tenants and occupants are required to first obtain a capacity water and wastewater review certification from the Authority for subject property for all changes and / or expansion of use.

PROPERTY INFORMATION:

Address: \_\_\_\_\_ TMP No. 31-\_\_\_\_-\_\_\_\_-\_\_\_\_  
Owner: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

APPLICANT INFORMATION:

Address: \_\_\_\_\_  
Name: \_\_\_\_\_  
Telephone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

CURRENT USE:

Commercial  Institutional  Industrial  Residential

Describe Current Use:

\_\_\_\_\_  
\_\_\_\_\_

Describe Proposed Use:

\_\_\_\_\_  
\_\_\_\_\_

NOTES:

- Please include any plans, drawings, and/or sketches with Certificate Request.
- Capacity review will be completed in accordance with the Rates, Rules, and Regulations of the Authority in effect on the date of the application.
- This form and all attachments must be submitted to the Northampton, Bucks County, Municipal Authority at 111 Township Road, Richboro, PA, 18954.

The Authority has reviewed the Certification Request and deemed all capacities satisfactory.

\_\_\_\_\_  
Authorized Authority Signature

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Applicant

Date: \_\_\_\_\_

